



# California State University Long Beach

## UPWARD BOUND PROGRAM



Dear Students and Parents/Guardians:

It's time to prepare for the 2026 Summer Program! The purpose of this letter is to provide pertinent information regarding Upward Bound's (Classic and Math & Science) Summer Program.

**This year's Upward Bound Summer Program is scheduled for June 15, 2026 – July 24, 2026 (hybrid structure):**

- **June 15, 2026 – June 17, 2026 (virtual)**
- **June 18, 2026 - (in-person educational field trip)**
- **June 19, 2026 – (Holiday No – Class)**
- **June 22, 2026 – June 24, 2026 (virtual)**
- **June 25-26, 2026 – (in-person educational field trip)**
- **June 29, 2026 – July 2, 2026 (virtual)**
- **July 03, 2026 – (Holiday No – Class)**
- **July 05, 2026 – July 10, 2026 (in-person/residential @ CSULB)**
- **July 12, 2026 – July 17, 2026 (in-person/ residential @ CSULB)**
- **July 20, 2026 – July 23, 2026 (NorCal campus tours @ CSULB)**
- **July 24, 2026 –( in-person educational activities)**

Our summer program aims to provide a holistic experience to enhance students' academic, social, and personal development. The summer academic curriculum will prepare college students for mathematics and English courses. In addition, the summer program will offer elective courses such as Spanish Language, Family and Consumer Science, Engineering and Architecture, Communications & Etiquette, Golf Fundamentals, and Life Skills. Lastly, UB & UBMS's summer program will provide educational and academic field trips, workshops, and cultural enrichment activities to build students' foundation for success.

**The summer residential component runs from July 05, 2026, through July 17, 2026 (students check out on July 10 and July 17).** Students will reside on campus at California State University, Long Beach (CSULB), and participate in an engaging residential experience to increase attendees' motivation to enroll in a higher educational program. The residential component is available on a first-come, first-served basis. Students who are not participating in the residential component can commute for the remainder of the summer program (**Upward Bound will not provide transportation during the residential component**). Students **MUST** attend the entire UBP Summer Program, **with no more than five absences**, to be eligible to participate in the enrichment activities.

**To participate in the UBP Summer Program, students must submit the documents below to their assigned educational coach or the Upward Bound Office on or before Friday, May 15, 2026.**

Below is a comprehensive checklist to ensure all documents are submitted:

- **Applicant Information**
- **Medical Treatment Form (Both sides)**
- **Letter of Intent**
- **California State University, Long Beach Release of Liability Form**
- **California State University, Long Beach Voluntary Medical Disclosure Form**
- **California State University, Long Beach Release Photo Release Form**

**The programs will host a mandatory virtual UBP Summer Program Orientation for students and parents/guardians on Saturday, April 25, 2026.**

If you have any questions, don't hesitate to contact the Upward Bound Office at 562-985-3114.

Sincerely,

Upward Bound Staff



# California State University Long Beach

## UPWARD BOUND PROGRAM



### SUMMER 2026 PROGRAM APPLICATION

Upward Bound & Upward Bound Math & Science are federally funded by the U.S. Department of Education.

Complete all sections to determine your eligibility to participate in the six-week summer program. Completed applications should be returned to your Upward Bound educational coach/college aide by **Wednesday, May 20, 2026**.

If you have any questions, contact your appointed Upward Bound Coach/College Aide or the Upward Bound Office at 562-985-3114.

#### STUDENT SECTION

School:

Grade Level (During Fall 2026)      9     10     11     12

Overall GPA:

#### Student Information

Student Last Name: \_\_\_\_\_ Student FirstName: \_\_\_\_\_ Middle: \_\_\_\_\_

#### Address

Street & Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Cellphone: \_\_\_\_\_ Student's E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male     Female     Non-Binary     Other

Ed. Coaches' Name:

#### Parent / Guardian Information

Parent's / Guardian's Name (PRINT): \_\_\_\_\_

Parent's / Guardian's Phone: \_\_\_\_\_ Parent's / Guardian E-mail: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SUMMER 2026 PLAN

I permit my child to participate in Upward Bound's 2026 Six-Week Upward Bound Summer Program.

**If you have not received an Upward Bound t-shirt, please specify your size: \_\_\_\_\_.**

I certify that the information provided on this Upward Bound Summer Program application is true to the best of my knowledge and that any misrepresentation may be cause for denial or cancellation of participation.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# California State University Long Beach UPWARD BOUND PROGRAM



## SUMMER 2026 PROGRAM MEDICAL TREATMENT FORM

### Emergency Procedures:

In the event of an injury or accident, students will be taken to the Student Health Center on campus or to the nearest medical facility. The Medical Treatment Form will accompany the student as evidence of parental/guardian authorization to avoid delays in treatment. Parents/Guardians will be contacted as soon as possible about their child's condition.

The Upward Bound Program carries accident insurance for all program participants, but the accident insurance does not cover all medical expenses. Please state on the Medical Treatment Form if you belong to a medical insurance plan or if you have medical insurance. Students should always carry their medical cards and/or insurance information.

### To be completed by parent/guardian:

#### Student's Name:

Last:

First:

Middle:

Social Security:

#### Address:

Street & Apt #:

City:

State:

Zip:

Birthdate:

#### IN CASE OF EMERGENCY:

Parent/Guardian to be notified:

Primary Language spoken by Parent/guardian:

Home Phone:

Cellular Phone:

#### IN CASE YOUR CHILD REQUIRES MEDICAL ASSISTANCE:

Do you have health insurance or medical?    Yes     No

Name of insurance carrier:

Policy number:

Have you received full COVID-19 vaccinations:    Yes     No



California State University Long Beach  
UPWARD BOUND PROGRAM



In Order to increase food security and reduce hunger, the Upward Bound Program will collaborate with the United States Department of Agriculture (USDA) to offer the Summer Food Service Program by providing children with a healthy diet and nutrition education.

Please complete the income information below:

In Order to increase food security and reduce hunger, the Upward Bound Program will collaborate with the United States Department of Agriculture (USDA) to offer the Summer Food Service Program by providing children with a healthy diet and nutrition education.

**Number of people living in your household (including yourself):** \_\_\_\_\_

**Is your family receiving public assistance:**

Free/Reduced Lunch     TANF     Food Stamps     Medi-Cal     Social Security

Unemployment     Disability     Cal-Works     Other (specify): \_\_\_\_\_

**2024 Taxable income range (See line 43 on Form 1040, line 27 on 1040A, line 6 on 1040EZ):**

\$16,245 or below                       \$16,246-\$21,855                       \$21,856-\$27,465

\$27,466-\$33,075                       \$33,076-\$38,685                       \$38,686-\$44,295

\$44,296-\$49,905                       \$49,906-\$55,515                       \$55,516 or greater

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# California State University Long Beach

## UPWARD BOUND PROGRAM



### SUMMER 2026 PROGRAM

#### Residential Component & Northern California College Tour Intent

The final two weeks of the UBP Summer Program will be a residential stay at CSULB Housing and Northern California College Tour.

**Residential Stay: Sunday, July 5, 2026 – Friday, July 17, 2026**

**Northern California Tour July 20, 2026 – July 23, 2026**

**Sunday, July 05, 2026 – Students check-in @CSULB Dorms**

**Friday, July 10, 2026 – Students' soft check-out**

**Sunday, July 12, 2026 – Students back check-in @CSULB Dorms**

**Friday, July 17, 2026 – Students Check-out**

Students will have the opportunity to stay on CSULB's campus to experience the simulated college experience, academic courses, skills-building workshops, and community-building events.

**Northern California College Tour July 20, 2026 – July 23, 2026**, Upward Bound & Upward Bound Math & Science staff and participants will visit various colleges. This trip aims to help students learn about various colleges and their admissions processes. Attendees will also have an opportunity to explore the beautiful campuses.

If your child plans to participate in the 2026 Summer Residential or Northern California College Tour, please complete the information below. All students must return this form to an Upward Bound representative or the Upward Bound office by **Thursday, May 11, 2026**.

Student's Name:	Parent's Name:
Signature:	Signature:
E-mail:	E-mail:
High School:	Cell Phone:
Grade:	Home Address:
Date of Birth:	
T-shirt Size:	City/Zip Code:

#### Residential Stay and Northern California College Tour

My child will participate in the 2-week Summer Residential Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My child will participate in the 1-week Summer Northern California College Tour	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My child will participate during residential as commuter and I understand transportation will be my own responsibility	YES <input type="checkbox"/>	NO <input type="checkbox"/>



# California State University Long Beach

## UPWARD BOUND PROGRAMS



### RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK, AND AGREEMENT TO PAY CLAIMS

Participant Name (Print) \_\_\_\_\_

Field Trip, Voluntary or Extracurricular Activity: Upward Bound Classic & Upward Bound Math & Science Summer Programs

Date(s): June 15, 2026 – July 24, 2026

**Activity and Location:**

UB & UBMS will host a hybrid Program. June 15 - July 24, 2026, excluding the virtual portion of June 15- July 2, 2026. Residential: Sunday, July 05, 2026 — Friday, July 17, 2026 (Friday, July 10, 2026 - Students will check out of housing & return on Sunday, July 12, 2026; final check-out Friday, July 17, 2026). Students will depart for Northern California on Monday, July 20, 2026, and return to CSULB on Thursday, July 23, 2026.

In consideration for being allowed to participate in this Activity including air and/or ground transportation, on behalf of myself and my next of kin, heirs, and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, Long Beach, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this activity, including travel to, from, and during the activity.

I am voluntarily participating in this activity. I am aware of the risks associated with traveling to/from and participating in this activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from, and during the activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this activity, including travel to, from, and during the activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.



**California State University, Long Beach**  
**1250 Bellflower Boulevard**  
**Long Beach, California 90840**

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this activity, including travel to, from and during the activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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**Participant Signature**

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**Participant Printed Name**

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**Date**

**If Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this activity, including travel to, from and during the activity. I allow Participant to participate in this activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

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**Signature of Minor Participant's Parent/Legal Guardian**

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**Name of Minor Participant's Parent/Legal Guardian (print)**

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**Date**

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**Minor Participant's Name (print)**



# CSULB RESEARCH FOUNDATION

## Photo/Video Authorization and Release Waiver

Camp Name: CSULB Upward Bound Classic and Math / Science Programs, from June 15, 2026, to July 24, 2026.

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, the parent and/or legal guardian of, \_\_\_\_\_

(my "Child(ren)"), do hereby grant permission to the **California State University, Long Beach Research Foundation** (referred to as "Camp/Research Foundation") to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) on the Program/Research Foundation website and in related Program/ Research Foundation promotional brochures, advertisements and videos for the purpose of promoting the Program/Research Foundation's business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said Program/Research Foundation websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the Program/Research Foundation in connection with the promotion of the Program/Research Foundation. I hereby grant the Program/Research Foundation permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the Program, the California State University, Long Beach Research Foundation, the State of California, Trustees of the California State University, California State University, Long Beach, and all officers, employees, volunteers and agents of each of them from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or my Child(ren)'s, photograph, name or likeness, or any or all of them, by the Program/Research Foundation for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements, and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/ or my minor Child(ren).

Print Child(ren) Name(s): \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

Parent and/or Legal Guardian (Print Name): \_\_\_\_\_

Parent and/or Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION**  
**Youth Activity Programs**

**Emergency Contact Information:**

In the event of an emergency, the \_\_\_\_\_ Youth Activity will make every effort to contact the participant's primary contact, who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I \_\_\_\_\_ do \_\_\_\_\_ do not want to receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

**Primary Contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Secondary Contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Third Contact:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_